

Fill in this information to identify your case and this filing:

Debtor 1	Frank	T.	Zigman, Jr.
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Eastern District of Pennsylvania			
Case number		24 - 11219 AMC	

Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

No. Go to Part 2.
 Yes. Where is the property?

1.1. 5006 No. Convent Lane

Street address, if available, or other description

Unit # 274

Philadelphia, PA 19114
City State ZIP Code

Philadelphia
County

What is the property? Check all that apply.

Single-family home
 Duplex or multi-unit building
 Condominium or cooperative
 Manufactured or mobile home
 Land
 Investment property
 Timeshare
 Other _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? Current value of the portion you own?

\$ 292,230.00 \$ 292,230.00

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

fee simple

Check if this is community property (see instructions)

If you own or have more than one, list here:

1.2.

Street address, if available, or other description

City State ZIP Code

County

What is the property? Check all that apply.

Single-family home
 Duplex or multi-unit building
 Condominium or cooperative
 Manufactured or mobile home
 Land
 Investment property
 Timeshare
 Other _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? Current value of the portion you own?

\$ _____ \$ _____

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Check if this is community property (see instructions)

Other information you wish to add about this item, such as local property identification number: _____

1.3. Street address, if available, or other description

What is the property? Check all that apply.

- Single-family home
- Duplex or multi-unit building
- Condominium or cooperative
- Manufactured or mobile home
- Land
- Investment property
- Timeshare
- Other _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? Current value of the portion you own?

\$ _____ \$ _____

City State ZIP Code

County _____

Who has an interest in the property? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Check if this is community property (see instructions)

Other information you wish to add about this item, such as local property identification number: _____

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.

\$ 292,230.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

- No
- Yes

3.1. Make: _____

Who has an interest in the property? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? Current value of the portion you own?

\$ 26,670.00 \$ 26,670.00

Model: _____

Year: _____

Approximate mileage: _____

Other information:

2017 Tesla X

If you own or have more than one, describe here:

3.2. Make: _____

Who has an interest in the property? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? Current value of the portion you own?

\$ 54,935.00 \$ 54,935.00

Model: _____

Year: _____

Approximate mileage: _____

Other information:

2023 GMC Yukon

First Name

Middle Name

Last Name

3.3. Make: _____

Who has an interest in the property? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Model: _____

Year: _____

Approximate mileage: _____

Other information:
_____ Check if this is community property (see instructions)

\$ _____ \$ _____

3.4. Make: _____

Who has an interest in the property? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Model: _____

Year: _____

Approximate mileage: _____

Other information:
_____ Check if this is community property (see instructions)

\$ _____ \$ _____

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories*Examples:* Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

No
 Yes

4.1. Make: _____

Who has an interest in the property? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Model: _____

Year: _____

Other information:

used RV

 Check if this is community property (see instructions)

\$ 10,000.00 \$ 10,000.00

If you own or have more than one, list here:

4.2. Make: _____

Who has an interest in the property? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Model: _____

Year: _____

Other information:
_____ Check if this is community property (see instructions)

\$ _____ \$ _____

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here ➔

\$ 91,605.00

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?

Do not deduct secured claims or exemptions.

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

 No Yes. Describe..... appliances, furniture, kitchenware

\$ 2,000.00

7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

 No Yes. Describe..... televisions, radios, computers, cell phones

\$ 1,000.00

8. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

 No Yes. Describe.....

\$ _____

9. Equipment for sports and hobbies

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

 No Yes. Describe..... exercise equipment

\$ 100.00

10. Firearms

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

 No Yes. Describe.....

\$ _____

11. Clothes

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

 No Yes. Describe..... clothes, coats, shoes

\$ 500.00

12. Jewelry

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

 No Yes. Describe.....

\$ _____

13. Non-farm animals

Examples: Dogs, cats, birds, horses

 No Yes. Describe.....

dog

\$ 500.00

14. Any other personal and household items you did not already list, including any health aids you did not list No Yes. Give specific information.

stored miscellaneous items

\$ 1,000.00

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here →

\$ 5,100.00

Part 4: Describe Your Financial Assets**Do you own or have any legal or equitable interest in any of the following?****Current value of the portion you own?**

Do not deduct secured claims or exemptions.

16. Cash*Examples:* Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition No Yes

Cash: \$ 100.00

17. Deposits of money*Examples:* Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. No Yes

Institution name:

17.1. Checking account:	Philadelphia FCU	\$ 1.00
17.2. Checking account:	_____	\$ _____
17.3. Savings account:	Philadelphia FCU	\$ 5.00
17.4. Savings account:	_____	\$ _____
17.5. Certificates of deposit:	_____	\$ _____
17.6. Other financial account:	_____	\$ _____
17.7. Other financial account:	_____	\$ _____
17.8. Other financial account:	_____	\$ _____
17.9. Other financial account:	_____	\$ _____

18. Bonds, mutual funds, or publicly traded stocks*Examples:* Bond funds, investment accounts with brokerage firms, money market accounts No Yes

Institution or issuer name:

_____	\$ _____
_____	\$ _____
_____	\$ _____

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture No Yes. Give specific information about them.....

Name of entity:

Ambassador 35 Limousine, LLC	100%	%	\$ 1.00
Ambassador 35 Limousine, Inc.	100%	%	\$ 1.00
Ziggy Productions, LLC	100%	%	\$ 1.00

20. Government and corporate bonds and other negotiable and non-negotiable instruments

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.
Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

 No Yes. Give specific information about them.....

Issuer name:

\$ _____
\$ _____
\$ _____
21. Retirement or pension accounts

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

 No Yes. List each account separately. Type of account: Institution name:

401(k) or similar plan: _____ \$ _____

Pension plan: _____ \$ _____

IRA: _____ \$ _____

Retirement account: _____ \$ _____

Keogh: _____ \$ _____

Additional account: _____ \$ _____

Additional account: _____ \$ _____

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

 No Yes

Institution name or individual:

Electric: _____ \$ _____

Gas: _____ \$ _____

Heating oil: _____ \$ _____

Security deposit on rental unit: _____ \$ _____

Prepaid rent: _____ \$ _____

Telephone: _____ \$ _____

Water: _____ \$ _____

Rented furniture: _____ \$ _____

Other: _____ \$ _____

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) No Yes

Issuer name and description:

\$ _____
\$ _____
\$ _____

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

 No Yes Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

_____	\$ _____
_____	\$ _____
_____	\$ _____

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit No Yes. Give specific information about them....

_____	\$ _____
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26. Patents, copyrights, trademarks, trade secrets, and other intellectual property

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

 No Yes. Give specific information about them....

_____	\$ _____
-------	----------

27. Licenses, franchises, and other general intangibles

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

 No Yes. Give specific information about them....

_____	\$ _____
-------	----------

Money or property owed to you?**Current value of the portion you own?**

Do not deduct secured claims or exemptions.

28. Tax refunds owed to you No Yes. Give specific information about them, including whether you already filed the returns and the tax years.

Federal: \$ _____
 State: \$ _____
 Local: \$ _____

29. Family support

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

 No Yes. Give specific information.....

Alimony: \$ _____
 Maintenance: \$ _____
 Support: \$ _____
 Divorce settlement: \$ _____
 Property settlement: \$ _____

30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

 No Yes. Give specific information.....

_____	\$ _____
-------	----------

31. Interests in insurance policies*Examples:* Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance No Yes. Name the insurance company
of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund value:

_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

 No Yes. Give specific information.....

_____	\$ _____
-------	----------

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment*Examples:* Accidents, employment disputes, insurance claims, or rights to sue No Yes. Describe each claim.

pending AllState Insur. claim (3/23/2024 auto accident)

\$ 1.00

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims No Yes. Describe each claim.

_____	\$ _____
-------	----------

35. Any financial assets you did not already list No Yes. Give specific information.....

_____	\$ _____
-------	----------

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here →

\$ 110.00

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.**37. Do you own or have any legal or equitable interest in any business-related property?** No. Go to Part 6. Yes. Go to line 38.

Current value of the portion you own?

Do not deduct secured claims or exemptions.

38. Accounts receivable or commissions you already earned No Yes. Describe.....

\$

39. Office equipment, furnishings, and supplies*Examples:* Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices No Yes. Describe.....

\$

40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade No Yes. Describe.....

	\$ _____
--	----------

41. Inventory No Yes. Describe.....

	\$ _____
--	----------

42. Interests in partnerships or joint ventures No Yes. Describe..... Name of entity:

% of ownership:

_____	_____ %	\$ _____
_____	_____ %	\$ _____
_____	_____ %	\$ _____

43. Customer lists, mailing lists, or other compilations No Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))? No Yes. Describe.....

	\$ _____
--	----------

44. Any business-related property you did not already list No Yes. Give specific information

2022 GMC Yukon	\$ 51,530.00
2018 Ford Van	\$ 34,960.00
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here →

	\$ 86,490.00
--	--------------

Part 6:**Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.**
If you own or have an interest in farmland, list it in Part 1.**46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?** No. Go to Part 7. Yes. Go to line 47.**Current value of the portion you own?**

Do not deduct secured claims or exemptions.

47. Farm animals

Examples: Livestock, poultry, farm-raised fish

 No Yes

	\$ _____
--	----------

48. Crops—either growing or harvested

 No Yes. Give specific information.....

\$

49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade

 No Yes

\$

50. Farm and fishing supplies, chemicals, and feed

 No Yes

\$

51. Any farm- and commercial fishing-related property you did not already list

 No Yes. Give specific information.....

\$

52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here →

\$

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

 No Yes. Give specific information.....\$
\$
\$

54. Add the dollar value of all of your entries from Part 7. Write that number here →

\$

Part 8: List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2 → \$ 292,230.00

56. Part 2: Total vehicles, line 5 \$ 91,605.00

57. Part 3: Total personal and household items, line 15 \$ 5,100.00

58. Part 4: Total financial assets, line 36 \$ 110.00

59. Part 5: Total business-related property, line 45 \$ 86,490.00

60. Part 6: Total farm- and fishing-related property, line 52 \$

61. Part 7: Total other property not listed, line 54 + \$

62. Total personal property. Add lines 56 through 61. \$ 183,305.00 Copy personal property total → + \$ 183,305.00

63. Total of all property on Schedule A/B. Add line 55 + line 62....

\$ 475,535.00

Fill in this information to identify your case:

Debtor 1	Frank	T.	Zigman, Jr.
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Eastern District of Pennsylvania			
Case number (If known) 24 - 11219 AMC			▼

Check if this is an amended filing

Official Form 106C**Schedule C: The Property You Claim as Exempt**

04/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt**1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.**

You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from <i>Schedule A/B</i>	Check only one box for each exemption.	
Brief description: residence	\$ 292,230.00	<input checked="" type="checkbox"/> \$ 27,900.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	522(d)(1)
Line from <i>Schedule A/B</i> : A			
Brief description: automobile	\$ 54,935.00	<input checked="" type="checkbox"/> \$ 1.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	522(d)(2)
Line from <i>Schedule A/B</i> : B			
Brief description: hshld gds & frnshg	\$ 4,000.00	<input checked="" type="checkbox"/> \$ 4,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	522(d)(3)
Line from <i>Schedule A/B</i> : B			

3. Are you claiming a homestead exemption of more than \$189,050?

(Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment.)

No
 Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
 No
 Yes

Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption	Specific laws that allow exemption
Brief description: <u>other property</u> Line from Schedule A/B: <u>B</u>	\$ <u>37,770.00</u>	<input type="checkbox"/> \$ <u>1,475.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	522(d)(5)
Brief description: <u>business tools</u> Line from Schedule A/B: <u>B</u>	\$ <u>86,490.00</u>	<input type="checkbox"/> \$ _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	522(d)(6)
Brief description: <u>personal injury claim</u> Line from Schedule A/B: _____	\$ <u>1.00</u>	<input type="checkbox"/> \$ _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	522(d)(11)(D)
Brief description: _____ Line from Schedule A/B: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Brief description: _____ Line from Schedule A/B: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Brief description: _____ Line from Schedule A/B: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Brief description: _____ Line from Schedule A/B: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Brief description: _____ Line from Schedule A/B: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Brief description: _____ Line from Schedule A/B: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Brief description: _____ Line from Schedule A/B: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Brief description: _____ Line from Schedule A/B: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Brief description: _____ Line from Schedule A/B: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____

Fill in this information to identify your case:

Debtor 1	First Name Frank	Middle Name T.	Last Name Zigman, Jr.
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Eastern District of Pennsylvania			
Case number (If known)	24 - 11219 AMC		

Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
 Yes. Fill in all of the information below.

Part 1: List All Secured Claims

	Describe the property that secures the claim:	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
2.1 Philadelphia FCU/Cenlar Mortg	5006-J No. Convent Lane	\$ 222,265.00	\$ 292,230.00	\$ _____
Creditor's Name 425 Phillip Blvd				
Number Street Ewing, NJ 08618				
City State ZIP Code				
Who owes the debt? Check one.	As of the date you file, the claim is: Check all that apply.			
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed			
<input type="checkbox"/> Check if this claim relates to a community debt	Nature of lien. Check all that apply.			
Date debt was incurred 04/29/2022	<input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____			
2.2 Philadelphia FCU	2017 Tesla Model X	\$ 47,775.00	\$ 26,070.00	\$ _____
Creditor's Name 12800 Townsend Road				
Number Street Philadelphia, PA 19154				
City State ZIP Code				
Who owes the debt? Check one.	As of the date you file, the claim is: Check all that apply.			
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed			
<input type="checkbox"/> Check if this claim relates to a community debt	Nature of lien. Check all that apply.			
Date debt was incurred 01/23/2023	<input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____			
Add the dollar value of your entries in Column A on this page. Write that number here: \$ 270,040.00				

Additional Page

Part 1: After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
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2.3 Philadelphia FCU

Creditor's Name
12800 Townsend Road
Number Street

Describe the property that secures the claim:

2023 GMC Yukon

\$ 66,350.00 \$ 54,935.00 \$

City Philadelphia, PA 19154
State ZIP Code

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Check if this claim relates to a community debt

Who owes the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Check if this claim relates to a community debt

Date debt was incurred 10/20/0202

Last 4 digits of account number _____

2.4 Philadelphia FCU

Creditor's Name
12800 Townsend Road
Number Street

Describe the property that secures the claim: \$ 45,770.00 \$ 34,960.00 \$

2018 Ford Van

City Philadelphia, PA 19154
State ZIP Code

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Check if this claim relates to a community debt

Date debt was incurred _____

Last 4 digits of account number 1 0 1

2.4 Philadelphia FCU

Creditor's Name
12800 Townsend Road
Number Street

Describe the property that secures the claim: \$ 55,000.00 \$ 51,530.00 \$

2022 GMC Yukon

City Philadelphia, PA 19154
State ZIP Code

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Check if this claim relates to a community debt

Date debt was incurred _____

Last 4 digits of account number 1 0 2

Add the dollar value of your entries in Column A on this page. Write that number here: \$ 167,120.00

If this is the last page of your form, add the dollar value totals from all pages.
Write that number here: \$

Debtor 1

Frank T. Zigman, Jr.

First Name Middle Name

Last Name

Document Page 15 of 35

Case number (if known) 24 - 11219 AMC

Additional Page**Part 1:**

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Column A	Column B	Column C
Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any

2.6 Bakers Bay Condo, Assoc.

Describe the property that secures the claim:

\$ 2,220.00 \$ 292,230.00 \$

Creditor's Name
12800 Townsend Road
Number Street

5006-J No. Convent Lane (condo fees)

Philadelphia, PA 19154
City State ZIP Code

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Who owes the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim relates to a community debt

Date debt was incurred 04/29/2022

Last 4 digits of account number _____

Creditor's Name
Number Street

Describe the property that secures the claim: \$ _____ \$ _____ \$ _____

City State ZIP Code

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Who owes the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim relates to a community debt

Date debt was incurred _____

Last 4 digits of account number _____

Creditor's Name
Number Street

Describe the property that secures the claim: \$ _____ \$ _____ \$ _____

City State ZIP Code

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Who owes the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim relates to a community debt

Date debt was incurred _____

Last 4 digits of account number _____

Add the dollar value of your entries in Column A on this page. Write that number here: \$ 2,220.00

If this is the last page of your form, add the dollar value totals from all pages.
Write that number here: \$ 439,380.00

Fill in this information to identify your case:

Debtor 1	Frank	T.	Zigman, Jr.
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Eastern District of Pennsylvania			
Case number (if known)	24 - 11219 AMC		

Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Have Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

No. Go to Part 2.
 Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

	Total claim	Priority amount	Nonpriority amount	
2.1 Internal Revenue Service Priority Creditor's Name P.O. Box 7346 Number Street Philadelphia, PA 19101 City State ZIP Code	Last 4 digits of account number	\$ 128,490.00	\$ 5,870.00	\$ 122,620.00
	When was the debt incurred?			
	As of the date you file, the claim is: Check all that apply.			
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed			
	Type of PRIORITY unsecured claim:			
	<input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____			
	Is the claim subject to offset?			
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.2 Pennsylvania Dept. of Revenue Priority Creditor's Name P.O. Box 280946 Number Street Harrisburg, PA 17128 City State ZIP Code	Last 4 digits of account number	\$ 14,800.00	\$ 3,900.00	\$ 10,900.00
	When was the debt incurred?			
	As of the date you file, the claim is: Check all that apply.			
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed			
	Type of PRIORITY unsecured claim:			
	<input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____			
	Is the claim subject to offset?			
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Part 1: Your PRIORITY Unsecured Claims – Continuation Page					
After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.			Total claim	Priority amount	Nonpriority amount
.3	Philadelphia Law Dept.				
Priority Creditor's Name 1401 JFK Blvd		Number Street	Last 4 digits of account number _____ \$ _____ 1.00 \$ _____ 1.00 \$ _____		
Philadelphia, PA 19102		City State ZIP Code	When was the debt incurred? _____		
As of the date you file, the claim is: Check all that apply.					
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed					
Type of PRIORITY unsecured claim:					
<input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____					
Who incurred the debt? Check one.					
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another					
Check if this claim is for a community debt <input type="checkbox"/>					
Is the claim subject to offset?					
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					

Priority Creditor's Name		Number Street	Last 4 digits of account number _____ \$ _____ \$ _____ \$ _____		
City State ZIP Code		When was the debt incurred? _____			
As of the date you file, the claim is: Check all that apply.					
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed					
Type of PRIORITY unsecured claim:					
<input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____					
Who incurred the debt? Check one.					
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another					
Check if this claim is for a community debt <input type="checkbox"/>					
Is the claim subject to offset?					
<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes					

Priority Creditor's Name		Number Street	Last 4 digits of account number _____ \$ _____ \$ _____ \$ _____		
City State ZIP Code		When was the debt incurred? _____			
As of the date you file, the claim is: Check all that apply.					
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed					
Type of PRIORITY unsecured claim:					
<input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____					
Who incurred the debt? Check one.					
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another					
Check if this claim is for a community debt <input type="checkbox"/>					
Is the claim subject to offset?					
<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes					

Part 2: List All of Your NONPRIORITY Unsecured Claims**3. Do any creditors have nonpriority unsecured claims against you?**

No. You have nothing to report in this part. Submit this form to the court with your other schedules.
 Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

		Total claim
4.1	Avant, LLC Nonpriority Creditor's Name 222 W. Merchandise Mart Number Street Chicago, IL 60654 City State ZIP Code	Last 4 digits of account number _____ When was the debt incurred? <u>06/19/2021</u> \$ <u>360.00</u>
	As of the date you file, the claim is: Check all that apply.	
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	Type of NONPRIORITY unsecured claim:	
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>credit card</u>	
4.2	Best Buy Nonpriority Creditor's Name 7601 Penn Avenue South Number Street Rchfield, MN 55423 City State ZIP Code	Last 4 digits of account number <u>5 6 0</u> \$ <u>6,560.00</u> When was the debt incurred?
	As of the date you file, the claim is: Check all that apply.	
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	Type of NONPRIORITY unsecured claim:	
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>credit card</u>	
4.3	Capital One Nonpriority Creditor's Name P.O. Box 30285 Number Street Salt Lake City, UT 84130 City State ZIP Code	Last 4 digits of account number _____ When was the debt incurred? <u>08/04/2022</u> \$ <u>3,630.00</u>
	As of the date you file, the claim is: Check all that apply.	
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	Type of NONPRIORITY unsecured claim:	
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>credit card</u>	

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.4

CeruLean

Nonpriority Creditor's Name

501 Southlake Blvd

Number Street

Richmond, VA 84130

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number 2 2 1

\$ 905.00

When was the debt incurred? 09/17/2023

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Credit card

4.5

ComCast/Xfinity

Nonpriority Creditor's Name

P.O. Box 1931

Number Street

Burlingame, CA 94011

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number _____

\$ 500.00

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Cable/internet services

4.6

Credit One

Nonpriority Creditor's Name

6801 So. Cimarron Road

Number Street

Las Vegas, NV 89113

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number _____

\$ 800.00

When was the debt incurred? 12/16/2018

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Credit cards

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.7

Feb Destiny

Nonpriority Creditor's Name

14600 NW Greenbrier Parkway

Number Street
 Beaverton, OR 97076
 City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number _____

\$ 5,295.00

When was the debt incurred? 12/01/2022

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Credit cards

4.8

First Premier Bank/Premier Bankcard, LLC

Nonpriority Creditor's Name

3820 No. Louise Avenue

Number Street
 Sioux Falls, SD 57017
 City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number _____

\$ 1,900.00

When was the debt incurred? 07/12/2019

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Credit cards

4.9

In ~Advance Capital/Joss Capital

Nonpriority Creditor's Name

10 West 37th Street

Number Street
 New York, NY 89113
 City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number _____

\$ 1,200.00

When was the debt incurred? 12/16/2018

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify lines of credit

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

.10

Mercury Indemnity Co. of Florida

Nonpriority Creditor's Name

1901 Ulmerton Road

Number Street

Clearwater, FL 33762

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

 Check if this claim is for a community debt**Is the claim subject to offset?**

No
 Yes

Last 4 digits of account number _____

\$ 7,020.00

When was the debt incurred? 11/11/2012

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify auto accident

.11

New Jersey E-Z Pass

Nonpriority Creditor's Name

P.O. Box 4971

Number Street

Trenton, NJ 08650

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

 Check if this claim is for a community debt**Is the claim subject to offset?**

No
 Yes

Last 4 digits of account number 5 9 9 _____

\$ 120.00

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify toll balance

.12

New York City Dept. of Finance

Nonpriority Creditor's Name

P.O. Box 3615

Number Street

New York, NY 10008

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

 Check if this claim is for a community debt**Is the claim subject to offset?**

No
 Yes

Last 4 digits of account number _____

\$ 80.00

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify fines/costs

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

.13

New York State Thruway Authority

Nonpriority Creditor's Name

P.O. Box 15183

Number Street

Albany, NY 12212
City State ZIP Code**Who incurred the debt?** Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Check if this claim is for a community debt**Is the claim subject to offset?**

No
 Yes

Last 4 digits of account number 9 0 1\$ 20.00**When was the debt incurred?** _____**As of the date you file, the claim is:** Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify toll balance

.14

Pennsylvania Turnpike Commission

Nonpriority Creditor's Name

300 East Park Drive

Number Street

Harrisburg, PA 17111
City State ZIP Code**Who incurred the debt?** Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Check if this claim is for a community debt**Is the claim subject to offset?**

No
 Yes

Last 4 digits of account number 0 0 5\$ 1,000.00**When was the debt incurred?** _____**As of the date you file, the claim is:** Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify toll balance

.15

PECo

Nonpriority Creditor's Name

2301 Market Street

Number Street

Philadelphia, PA 19103
City State ZIP Code**Who incurred the debt?** Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Check if this claim is for a community debt**Is the claim subject to offset?**

No
 Yes

Last 4 digits of account number 1 1 1\$ 605.00**When was the debt incurred?** _____**As of the date you file, the claim is:** Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify electrical services

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

.16

Philadelphia FCU

Nonpriority Creditor's Name

12800 Townsend Road

Number Street

Philadelphia, PA 19154

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number 7 1 0

\$ 127,585.0

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify RV balance/line of credit

.17

Philadelphia Gas Works

Nonpriority Creditor's Name

P.O. Box 3500

Number Street

Philadelphia, PA 19122

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number 0 0 5

\$ 3,500.00

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify gas services

.18

Philadelphia Parking Authority

Nonpriority Creditor's Name

701 Market Street

Number Street

Philadelphia, PA 19106

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number 1 1 1

\$ 170.00

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify parking tickets

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

.19

Pennsylvania Bureau of U.C. Benefits

Nonpriority Creditor's Name

651 Boas Street

Number Street

Harrisburg, PA 17105

City

State

ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number _____

\$ 1,500.00

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Overpayment

.20

Philadelphia Traffic Court

Nonpriority Creditor's Name

300 Spring Garden Street

Number Street

Philadelphia, PA 19123

City

State

ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number 0 0 5 _____

\$ 200.00

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify fines/costs

.21

Progressive Insurance

Nonpriority Creditor's Name

6300 Wilson Mills Road

Number Street

Mayfield Village, OH 44143

City

State

ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number 1 1 1 _____

\$ 100.00

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify insurance balance

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

.22

U.S. Small Business Administration

Nonpriority Creditor's Name

801 Tom Martin Drive

Number Street

Birmingham,

AL

35211

City

State

ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number 1 0 4

\$ 50,000.00

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify loan balance

.23

U-Haul Moving & Storage

Nonpriority Creditor's Name

2990 South 20th Street

Number Street

Philadelphia,

PA

19145

City

State

ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number 0 0 5

\$ 200.00

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Storage fees

.24

Verve Card

Nonpriority Creditor's Name

P.O. Box 4477

Number Street

Beaverton,

OR

97076

City

State

ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number _____

\$ 625.00

When was the debt incurred? 07/15/2021

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify credit card

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

.25

AT & T Business

Nonpriority Creditor's Name

208 So. Akard Street

Number Street

Dallas, TX 75202

City

State

ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number 4 3 6

\$ 480.00

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify telephone services

.26

Enterprise Leasing Company

Nonpriority Creditor's Name

3353 Bristol Pike

Number Street

Bensalem, PA 19020

City

State

ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number _____

\$ 260.00

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify _____

Nonpriority Creditor's Name

Number Street

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number _____

\$ _____

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify _____

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159.
Add the amounts for each type of unsecured claim.

		Total claim
Total claims from Part 1	6a. Domestic support obligations	6a. \$ _____
	6b. Taxes and certain other debts you owe the government	6b. \$ _____ 143,291.00
	6c. Claims for death or personal injury while you were intoxicated	6c. \$ _____
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. + \$ _____
	6e. Total. Add lines 6a through 6d.	\$ 143,291.00
		Total claim
Total claims from Part 2	6f. Student loans	6f. \$ _____
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. \$ _____
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. \$ _____
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. + \$ 214,615.00
	6j. Total. Add lines 6f through 6i.	\$ 214,615.00

Fill in this information to identify your case:

Debtor	Frank	T.	Zigman, Jr.
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Eastern District of Pennsylvania			
Case number (if known)	24 - 11219 AMC		

Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

No. Check this box and file this form with your other schedules. You have nothing else to report on this form.
 Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or company with whom you have the contract or lease	State what the contract or lease is for
2.1	Enterprise Rental Co. Name 3353 Bristol Pike Number Street Bensalem, PA 19020 City State ZIP Code	lease for automobiles
2.2	U-Haul Moving & Storage Name 2990 South 20th Street Number Street Philadelphia, PA 19145 City State ZIP Code	storage unit
2.3	Name Number Street City State ZIP Code	
2.4	Name Number Street City State ZIP Code	
2.5	Name Number Street City State ZIP Code	

Fill in this information to identify your case:

Debtor 1	Frank	T.	Zigman, Jr.
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Eastern District of Pennsylvania			
Case number 24 - 11219 AMC (If known)			

Check if this is an amended filing

Official Form 106H**Schedule H: Your Codebtors**

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

No
 Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No. Go to line 3.
 Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

No
 Yes. In which community state or territory did you live? _____ . Fill in the name and current address of that person.

Name of your spouse, former spouse, or legal equivalent

Number Street

City State ZIP Code

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.**Column 1: Your codebtor****Column 2: The creditor to whom you owe the debt**

Check all schedules that apply:

3.1

related corporate entities (Philadelphia FCU)

Name

Number Street

City State ZIP Code

Schedule D, line _____
 Schedule E/F, line _____
 Schedule G, line _____

3.2

Name

Number Street

City State ZIP Code

Schedule D, line _____
 Schedule E/F, line _____
 Schedule G, line _____

3.3

Name

Number Street

City State ZIP Code

Schedule D, line _____
 Schedule E/F, line _____
 Schedule G, line _____

Fill in this information to identify your case:

Debtor 1	First Name Frank	Middle Name T.	Last Name Zigman, Jr.
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Eastern District of Pennsylvania			
Case number (if known)	24 - 11219 AMC		

Check if this is:

An amended filing
 A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

12/15

Schedule I: Your Income

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

	Debtor 1	Debtor 2 or non-filing spouse
Employment status	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed	<input type="checkbox"/> Employed <input type="checkbox"/> Not employed
Occupation	self employed	
Employer's name		
Employer's address	Number Street	Number Street
	_____	_____
	_____	_____
	City _____ State _____ ZIP Code _____	City _____ State _____ ZIP Code _____

How long employed there? _____

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ _____	\$ _____
3. Estimate and list monthly overtime pay.	3. + \$ _____	+ \$ _____
4. Calculate gross income. Add line 2 + line 3.	4. \$ _____	\$ _____

Debtor 1 Frank T. Zigman, Jr. Case number (if known) 24 - 11219 AMC

	<u>For Debtor 1</u>	<u>For Debtor 2 or non-filing spouse</u>
Copy line 4 here.....	→ 4. \$ _____	\$ _____
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. \$ _____	\$ _____
5b. Mandatory contributions for retirement plans	5b. \$ _____	\$ _____
5c. Voluntary contributions for retirement plans	5c. \$ _____	\$ _____
5d. Required repayments of retirement fund loans	5d. \$ _____	\$ _____
5e. Insurance	5e. \$ _____	\$ _____
5f. Domestic support obligations	5f. \$ _____	\$ _____
5g. Union dues	5g. \$ _____	\$ _____
5h. Other deductions. Specify: _____	5h. + \$ _____	+ \$ _____
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6. \$ _____	\$ _____
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ _____	\$ _____
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm <small>Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.</small>	8a. \$ <u>3,200.00</u>	\$ _____
8b. Interest and dividends	8b. \$ _____	\$ _____
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive <small>Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.</small>	8c. \$ _____	\$ _____
8d. Unemployment compensation	8d. \$ _____	\$ _____
8e. Social Security	8e. \$ _____	\$ _____
8f. Other government assistance that you regularly receive <small>Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____</small>	8f. \$ _____	\$ _____
8g. Pension or retirement income	8g. \$ _____	\$ _____
8h. Other monthly income. Specify: _____	8h. + \$ _____	+ \$ _____
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9. \$ _____	\$ _____
10. Calculate monthly income. Add line 7 + line 9. <small>Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.</small>	10. \$ <u>3,200.00</u> + \$ _____	= \$ <u>3,200.00</u>
11. State all other regular contributions to the expenses that you list in Schedule J. <small>Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____</small>		
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. <small>Write that amount on the <i>Summary of Your Assets and Liabilities and Certain Statistical Information</i>, if it applies</small>	11. + \$ _____	\$ <u>3,200.00</u>
13. Do you expect an increase or decrease within the year after you file this form?	<input type="checkbox"/> No. <input checked="" type="checkbox"/> Yes. Explain: I expect to correct my financial issues with my related corporate entities and increase my income.	

Fill in this information to identify your case:

Debtor 1	First Name	Middle Name	Last Name
Frank	T.	Zigman, Jr.	
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Eastern District of Pennsylvania			
Case number (If known)	24 - 11219 AMC		

Check if this is:

An amended filing
 A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

No. Go to line 2.
 Yes. Does Debtor 2 live in a separate household?

No

Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2*.

2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.

No

Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

No
 Yes
 No
 Yes
 No
 Yes
 No
 Yes
 No
 Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

No

Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I).

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

Your expenses	
4.	\$ 1,694.00
4a.	\$ _____
4b.	\$ _____
4c.	\$ _____
4d.	\$ _____

If not included in line 4:

4a. Real estate taxes
 4b. Property, homeowner's, or renter's insurance
 4c. Home maintenance, repair, and upkeep expenses
 4d. Homeowner's association or condominium dues

Debtor 1 Frank T. Zigman, Jr.
 First Name Middle Name Last Name

Case number (if known) 24 - 11219 AMC**Your expenses**

5. Additional mortgage payments for your residence, such as home equity loans	5. \$ _____
6. Utilities:	
6a. Electricity, heat, natural gas	6a. \$ _____ 200.00
6b. Water, sewer, garbage collection	6b. \$ _____
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$ _____ 95.00
6d. Other. Specify: _____	6d. \$ _____
7. Food and housekeeping supplies	7. \$ _____ 200.00
8. Childcare and children's education costs	8. \$ _____
9. Clothing, laundry, and dry cleaning	9. \$ _____
10. Personal care products and services	10. \$ _____
11. Medical and dental expenses	11. \$ _____
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$ _____ 160.00
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$ _____
14. Charitable contributions and religious donations	14. \$ _____
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.	
15a. Life insurance	15a. \$ _____
15b. Health insurance	15b. \$ _____
15c. Vehicle insurance	15c. \$ _____
15d. Other insurance. Specify: _____	15d. \$ _____
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16. \$ _____
17. Installment or lease payments:	
17a. Car payments for Vehicle 1	17a. \$ _____
17b. Car payments for Vehicle 2	17b. \$ _____
17c. Other. Specify: _____	17c. \$ _____
17d. Other. Specify: _____	17d. \$ _____
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18. \$ _____
19. Other payments you make to support others who do not live with you. Specify: _____	19. \$ _____
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.	
20a. Mortgages on other property	20a. \$ _____
20b. Real estate taxes	20b. \$ _____
20c. Property, homeowner's, or renter's insurance	20c. \$ _____
20d. Maintenance, repair, and upkeep expenses	20d. \$ _____
20e. Homeowner's association or condominium dues	20e. \$ _____

Debtor 1 Frank T. Zigman, Jr.

Case number (if known) 24 - 11219 AMC

21. Other. Specify: _____

21. +\$ _____

22. Calculate your monthly expenses.

22a. Add lines 4 through 21.

22a. \$ 2,349.00

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

22b. \$ _____

22c. Add line 22a and 22b. The result is your monthly expenses.

22c. \$ 2,349.00

23. Calculate your monthly net income.

23a. Copy line 12 (*your combined monthly income*) from Schedule I.

23a. \$ 3,200.00

23b. Copy your monthly expenses from line 22c above.

23b. -\$ 2,349.00

23c. Subtract your monthly expenses from your monthly income.

The result is your *monthly net income*.

23c. \$ 851.00

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

No.

Yes.

Explain here: Upon the stabilization of my business operations, I expect to increase my income and the reduce my expenses.

Fill in this information to identify your case:

Debtor 1 Frank T. Zigman, Jr.

Debtor 2
(Spouse, if filing)

United States Bankruptcy Court for the: Eastern District of Pennsylvania

Case number (If known) 24 - 11219 AMC

Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person _____ Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

x Frank T. Zigman x 5/07/2024

Signature of Debtor 1

Signature of Debtor 2

Date MM / DD / YYYY

Date MM / DD / YYYY